

Supervisor's Statement for Minors

**UNIVERSITY OF CINCINNATI
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER
SHRINER'S HOSPITAL FOR CHILDREN**

As an Authorized User of radioactive material/ Supervisor of radiation generating equipment under the University of Cincinnati Radiation Control and Safety Program, I certify that _____, who is a minor and who will be working under my supervision during the time period _____ to _____ will not be assigned to perform procedures that involve the handling of radioactive material or operation of radiation generating equipment. As they may frequent an area where radioactive material or radiation generating equipment may be present, I will require that they attend an introductory radiation safety training course as part of their general orientation.

Supervisor's name (print or type)

Supervisor's Signature

Date